

United States Bankruptcy Court DISTRICT OF IDAHO		PROOF OF CLAIM	
In re (Name of Debtor) PANIOUCHKINE, TATYANA		Case Number 99-41879 -13	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) BankFirst - MasterCard		<input type="checkbox"/> Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent BankFirst - MasterCard PO Box 5052 Sioux Falls, SD 57117 Telephone No. 1-800-705-4305		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 5424770230671099		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, date: _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your Social Security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. DATE DEBT WAS INCURRED 3-6-97		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in Secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 449.44 A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a) (3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § (a) (4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a) (6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a) (7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a) (8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) _____ *Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter With respect to cases commenced on or after the date of adjustment.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ 449.44 (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ 449.44 (Total) <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of Making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, Invoices itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the Documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed Envelope and copy of this proof of claim.			
Date -12-1		Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of attorney, if any) C DARR BANKRUPTCY SPECIALIST	

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 ** NO MORE DETAILS ON FILE **CRCD 840 RL 0001 OF 0001 12:37:33 12/07/99
PANIOUCHKINE,TATYANA**255 BONNY DR**TWIN FALLS*ID*83301*5424770230071099
 1129 1224 32N 20.00 I 600 0 7 0
01 1104 1104 85424779M7WQDPMG3 PAYMENT--THANK YOU SIOUX FALLS SD 20.00-

469.44	20.00	.00	.00	.00	.00	449.44	
1.66	19.92	19.92	ADB MDSE	ADB CASH	PERIODIC	FC MDSE	FC CASH
1.66	19.92	19.92	.00	.00	.00	.00	.00